

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

DAY PROGRAM MONTHLY PROGRESS SUMMARY NOTE

Please check the appropriate service:

☐ DAY HABILITATION ☐ PRE-VOCATIONAL ☐ SUPPORTED EMPLOYMENT ☐ REHABILITATION SUPPORTS
(JOB COACH SERVICES EXCLUDED)

Please Type or Print

Consumer: _____

Month/year: _____

Service Coordinator: _____

- Health Status ☐ Optimal / Satisfactory ☐ Fair ☐ Poor
- Status of Community Living Skills ☐ Optimal / Satisfactory ☐ Fair ☐ Poor

Objective 1: _____

☐ Accomplished ☐ Making Progress ☐ No Progress

- Activities: ☐ Continue 30 days ☐ Revise ☐ Needs Intervention
- Future Action ☐ Continue Plan w/o Revision ☐ Revise Plan ☐ Refer for assistance

Comments: _____

Objective 2: _____

☐ Accomplished ☐ Making Progress ☐ No Progress

- Activities: ☐ Continue 30 days ☐ Revise ☐ Needs Intervention
- Future Action ☐ Continue Plan w/o Revision ☐ Revise Plan ☐ Refer for assistance

Comments: _____

Objective 3: _____

☐ Accomplished ☐ Making Progress ☐ No Progress

- Activities: ☐ Continue 30 days ☐ Revise ☐ Needs Intervention
- Future Action ☐ Continue Plan w/o Revision ☐ Revise Plan ☐ Refer for assistance

Comments: _____

Director/ Lead Clinical Staff (or designee) _____

Date _____

Note:

Monthly progress is expected. If progress is poor or no progress is noted, comments are required to guide the staff and consumer toward accomplished objectives.

Monitoring/Staffing: a completed copy of this Monthly Progress Summary will be sent quarterly (every 3 months) to Service Coordination. Although quarterly monitoring may not coincide with the consumer's plan date, Service Coordination will use the most recent monthly summary for single plan development.

For more specific detailed progress information see the Day Services Data Recording Sheet in the consumer's file.

DAY PROGRAM MONTHLY PROGRESS SUMMARY NOTE INSTRUCTIONS

Appropriate Service:

- Check the box that corresponds to the appropriate service for which the consumer is authorized and receiving active treatment. This Monthly Progress Summary Note does not apply to Job Coach Services.

Consumer:

- Enter the consumer's first and last name.

Service Coordinator:

- Enter the name of the consumer's Service Coordinator that will be receiving this form each quarter.

Month/year:

- Enter the month and year for which the summary was provided (summary must be done monthly).

Health and Community Living Status: (Facility Based Rehab Supports)

- Check the appropriate status box

Objectives:

- State the objective from the Day Plan on which the consumer is currently working.
- Check the appropriate progress box
 - Objectives that are accomplished must be discontinued and a new objective implemented
 - A comment is required for all objectives that are marked as no progress and additional or revised interventions are stated to address the no progress

Activities:

- Check the appropriate activity box
 - **Continue 30 days:** Activities are appropriate and progress is being made
 - **Revise:** Activities may not be appropriate as written and should be revised for successful completion of the objective.
 - **Needs Intervention:** The activity is not sufficient to support progress of the consumer and may need additional interventions for successful progress.

Future Action:

- Check the appropriate future action box
 - **Continue plan without revisions:** Consumer is making progress and no changes are necessary at this time.
 - **Revise Plan:** Objectives or activities are not appropriate and the day plan needs to be revised to ensure consumer progress.
 - **Refer for Assistance:** Behaviors or progress has been identified that requires additional assistance such as a BSP, alternative placement, or outside interventions. (immediate action should be taken)

Comments:

- A comment is required if progress is poor or no progress is noted on the objectives and activities.
- Comments are required for any special considerations that might affect the accomplishment or progress of the objective.
- Comments are used for clarification of extenuating circumstances or situations that may assist the staff and consumer in progressing toward the completion of the objective.

Signatures:

- The Day Director or designee must sign and date the Day Program Monthly Progress Summary Note for consumers in the day program that are not Facility Based Rehabilitation Support. The Lead Clinical Staff or designee must sign and date the Day Program Monthly Progress Summary Note for consumers who are receiving Facility Based Rehabilitation Support.

Note:

- **Monitoring/Staffing:**
 - The Day Program Monthly Progress Summary Note must be completed monthly and placed in the consumer's file.
 - Upon completion of 3 months (quarterly) of monthly summary notes for Level I Service Coordination consumers, a copy of every third month's summary note will be made and sent to Service Coordination for monitoring and plan development. (For example; if this monthly report is completed on January, February and March, make a copy of the March summary note and send to Service Coordination for their monitoring. Quarterly monitoring may not coincide with the consumer's plan date; however, Service Coordination will use the most recent monthly summary for Service Coordination Plan development. This form is the only monitoring required to be sent to Service Coordination for monitoring. For more specific information concerning this consumer see the Day Services Data Recording Sheet in the consumer's file.